

**U.S. DEPARTMENT OF ENERGY  
2002 National Science Bowl®**

**Coaches Confidential Medical Information and Emergency Notification Form**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (     ) \_\_\_\_\_ SSN \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Drug Allergies ( ✓ none ☐ or list): \_\_\_\_\_

\_\_\_\_\_

Physician/HMO \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Medical Conditions or Previous Surgery ( ✓ none ☐ or list): \_\_\_\_\_

\_\_\_\_\_

Regular Medications ( ✓ none ☐ or list): \_\_\_\_\_

\_\_\_\_\_

Special Dietary Requirements (include food allergies) ( ✓ none ☐ or list): \_\_\_\_\_

\_\_\_\_\_

Special Physical and /or Transportation Needs ( ✓ none ☐ or list): \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY NOTIFICATION INFORMATION**

**Emergency Contact (Required)** \_\_\_\_\_ **Phone (     )** \_\_\_\_\_

**Relationship to Coach** \_\_\_\_\_

**Medical/Hospital**

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT**

**I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).**

**Coach Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**No Fax Copies**